

FOR OFFICIAL USE ONLY
OPNAV Safety Report (SR)

This is a general use Safety Report (SR) to be used only for safety purposes as defined in OPNAVINST 5100.23D

From:

To: Commander
Naval Safety Center
375 A Street
Norfolk, VA 23511-4399

Class Mishap: *(Check one)* ☐ B, ☐ C, or ☐ CHEMTOX

A. MISHAP INFORMATION

1. UIC of reporting activity:

2. UIC of where mishap occurred:

5. Point of contact and telephone number: *(Area code and number or complete DSN)*

B. MATERIAL PROPERTY DAMAGE (MPD) INFORMATION *(Repeat this section for each piece of equipment damaged)*

1. UIC of material custodian owning damaged equipment:

*2. Equipment damaged or destroyed by the mishap: (state EIC, TEC or NSN if applicable, otherwise state manufacturer, type, model, serial number; state what the equipment is or give description)

3. Estimated cost to repair or replace DoD property: *(provide a total cost including man hours at \$16⁰⁰ per hour plus cost of material and equipment)*

4. Estimated cost of non-DoD property damage:

C. REPORTABLE INJURIES *(If personnel injuries, complete entire form, otherwise go to Section E)*

1. Name: (last, first, middle initial)

6. If military, state rank/designator or rate/rating: (NEC)

If federal civilian, state series/job title/grade:

7. Duty status: ☐ On-duty ☐ Off-duty ☐ Non-applicable (use for non-DoD personnel)

*EIC - Equipment Identification Code TEC - Type Equipment Code

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OPNAV Safety Report (SR) (continued)

8. Type of location where mishap occurred:

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02001 AMMO STORAGE
02002 ATHLETIC FIELD/GOLF COURSE
09001 BARGES/FLOATING CRANES
02003 BEACHES
03001 BOATHOUSE
03002 BOWLING ALLEY
03003 BRIG/PRISON
03006 CHAPEL
03042 CLUBS
03004 COMMISSARY
03005 COMMUNICATIONS
06001 CONCRETE ASPHALT PLANT
02004 CONSTRUCTION
09003 DRYDOCKS
03007 EXCHANGE
02005 FARM/STABLE
03008 FIRE STATION
02006 FIRING RANGE
01001 FLIGHT LINES
02007 FUEL STORAGE
03009 GARAGE/AUTO SHOP/GAS STATION
01005 GENERAL AIRFIELDS HELIPADS
02008 GROUND (LAWN, LOTS)
03011 GYMNASIUM
03012 HANGAR
07001 HIGHWAYS
03013 HOBBY SHOP
03014 HOSPITAL/DISPENSARY/DENTAL/CLINICS
03015 LABORATORY (INDUSTRIAL)

03016 LAUNDRY/DRY CLEANING
02009 MARINA
09004 MARINE RAILWAY
03017 MESSHALL/GALLEY
03018 OFFICE BUILDING
02010 PARKING AREAS
02011 PARKS/PICNIC/OTHER RECREATION
07002 PATHWAYS
09005 PERSONNEL LANDING
09006 PIERS
03020 POLICE/SECURITY STATION
03019 POST OFFICE
06002 POWER PLANTS
03021 PUMPING STATION/LIFT STATION
03022 QUARTERS - BACHELOR
03023 QUARTERS - MARRIED
07003 RAMPS/LOADING PLATFORM/WHE TEST PAD
01002 REFUELING PITS
01003 RUNWAY
02014 SALVAGE/DUMP
03024 SHEDS/OUTBUILDINGS
03025 SHOP AVIONICS
03026 SHOP BOAT
03027 SHOP CARPENTER/PAINT
03028 SHOP ELECTRIC
03029 SHOP ELECTRONIC
03030 SHOP ENGINE
03031 SHOP FOUNDRY
03032 SHOP HEAVY EQUIPMENT
03033 SHOP LOFT-SAIL/PARACHUTE
03034 SHOP MACHINE/WELDING
03035 SHOP METAL
03036 SHOP MISSILE

03037 SHOP OPTICAL
03038 SHOP ORDNANCE
03039 SHOP SHIPFITTER/PIPE
03040 SHOP TIRE
03043 SHOPS - NOT ELSEWHERE STATED
07004 SIDEWALKS
07005 STREETS
02015 SUPPLY STORAGE
02016 SWIMMING POOL/AREAS
05001 TANKS
01004 TAXIWAY
05002 TOWERS
02017 TRAINING (DRILL, OBSTACLE, ETC)
08001 TRANSPORTATION, AIR COMMERCIAL
08003 TRANSPORTATION, AIR GOVERNMENT
08002 TRANSPORTATION, AIR PRIVATE
08004 TRANSPORTATION, RAIL COMMERCIAL
08005 TRANSPORTATION, RAIL GOVERNMENT
08006 TRANSPORTATION, VEHICLE COMMERCIAL
08007 TRANSPORTATION, VEHICLE GOVERNMENT
08008 TRANSPORTATION, VEHICLE PRIVATE
08009 TRANSPORTATION, WATER COMMERCIAL
08010 TRANSPORTATION, WATER GOVERNMENT
08011 TRANSPORTATION, WATER PRIVATE
06003 TRASH DISPOSAL
02018 TUNNELS
05003 UTILITY POLES (STEAM/ELECTRICITY)
02019 VEHICLE STORAGE
03041 WAREHOUSE
09002 WATER - CAUSEWAYS
06004 WATER/SEWAGE TREATMENT
02020 WOODED AREAS
99999 OTHER - SPECIFY _____

9. Specific job or task individual engaged in at time of mishap:

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112 AIRCRAFT FLIGHT
113 ASBESTOS OPERATIONS
001 AVIATION, GSE MAINTAINING/SERVICING
002 AVIATION, GSE OPERATION
003 AVIATION, MAINTENANCE
004 AVIATION, ORDNANCE MAINTENANCE, LOAD/UNLOAD
005 AVIATION, RELATED TASKS (WORKING SPACES, A/C SECURING, ETC)
006 AVIATION, SERVICING
071 BALL GAMES/OTHER
072 BASEBALL
073 BASKETBALL
074 BICYCLING
007 BLOCKING/BRACING/SHORING
008 BOARDING/DEPARTING SHIP/VEHICLE
009 BOAT CREW
010 BYSTANDER, NOT INVOLVED
105 CHILD CARE
057 CHOPPING/CUTTING WOOD
114 CLASSROOM TRAINING
056 CLIMBING FENCE, WALL, TREE
115 CONSTRUCTION/RENOVATION
076 CONTACT SPORTS (WRESTLING, BOXING, ETC)
012 DECK SEAMANSHIP
116 DENTAL
117 ELECTRICAL OPERATIONS (TRANSMISSION AND DISTRIBUTION)
118 EMERGENCY SPILL RESPONSE
119 ENVIRONMENTAL OPERATIONS
014 FIRE WATCH

000 FIREFIGHTING TASKS/DAMAGE CONTROL
015 FOOD PREPARATION/SERVING
079 FOOTBALL
080 GLASS/KNIFE HANDLING
016 GROUNDKEEPING
081 GUN HANDLING
017 HANDLING AMMUNITION
018 HANDLING FUEL
019 HANDLING LINES
020 HANDLING MATERIAL/STORES
021 HEAVY EQUIPMENT OPERATIONS/CREW
082 HILL CLIMBING/HIKING
022 HORSEPLAY
023 HOUSEKEEPING DUTIES
025 INSPECTING
026 INSTALLATION/REMOVAL (EQUIPMENT/MATERIAL)
084 JOGGING/RUNNING
027 LAUNDRY/DRY CLEANING OPERATIONS
129 LEAD OPERATIONS
120 MAIL DUTIES
028 MAINTENANCE - BUILDING/STRUCTURE
029 MAINTENANCE - ELECTRICAL
030 MAINTENANCE - ELECTRONIC
031 MAINTENANCE - GUNNER/WEAPONS
109 MAINTENANCE, HULL - CHIPPING/SCRAPING/SCALING
110 MAINTENANCE, HULL - GRINDING
033 MAINTENANCE, HULL - LOFT
034 MAINTENANCE, HULL - OVER THE SIDE
111 MAINTENANCE, HULL - PAINTING
035 MAINTENANCE - MECHANICAL
036 MAINTENANCE - RUNWAY/ROADWAY/WALKWAY
037 MAINTENANCE - UTILITIES (STEAM/GAS)
038 MAINTENANCE, VEHICLE/ACCESSORIES
039 MANUFACTURING, ASSEMBLING, FABRICATION - METAL
040 MANUFACTURING, ASSEMBLING, FABRICATION - PLASTIC CLOTH

041 MANUFACTURING, ASSEMBLING, FABRICATION - WOOD
121 MOTOR VEHICLE OPERATIONS
042 OFFICE/ADMINISTRATIVE/COMPUTER DUTIES
122 ORDNANCE MAINTENANCE - NONAVIATION
123 PAINTING
124 PARACHUTING
044 PASSENGER
045 PATIENT CARE
125 PEST CONTROL OPERATIONS
046 PHYSICAL FITNESS PROGRAMS
047 PIPEFITTING
048 PRINTING/BINDING
126 PUBLIC EVENTS ATTENDANCE
085 RACQUETBALL
049 RAILWAY/CREWS
050 RECREATION NOT ELSEWHERE CODED
051 RIGGING ACTIVITIES
127 SALES TASK
052 SANITATION DUTIES
053 SECURITY (GUARD/SENTRY/ROVER)
054 SLEEPING
089 SOCCER
090 SOFTBALL
106 SUPERVISION
091 SWIMMING
060 TESTING/RESEARCH
061 TRAINING NOT ELSEWHERE CODED
092 VOLLEYBALL
093 WALKING/STEPPING
107 WATCHSTANDING - SHORE
094 WATER IMMERSION, OTHER
066 WELDING/BURNING
128 WHE OPERATOR
999 OTHER - SPECIFY _____

10. Was job or activity related to rating/job position? ☐ Yes ☐ No

11. If injury resulted from formal Navy training, state CIN:

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12. Fatality or extent of injuries or occupational illnesses: ☐ FATALITY
☐ MISSING
☐ PERMANENT TOTAL DISABILITY
☐ PERMANENT PARTIAL DISABILITY
☐ TEMPORARY DISABILITY
☐ NO DISABILITY LIKELY

13. Estimate of lost time:

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a. Total lost workdays (in full) away from job (actual number of lost workdays including workdays hospitalized)

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b. Total full days actually hospitalized (actual number of days hospitalized including weekends)

OPNAV Safety Report (SR) *(continued)*

14. Personal protective equipment (PPE): a. Was PPE required for the job being performed? ☐ Yes ☐ No

(If yes complete this section for each piece of PPE that was worn or should have been worn) Select the correct factor from the applicable list:
(If no, go to section D.)

ADEQUACY

- A - Adequate
- B - Inadequate
- C - Misused
- D - Failed
- E - Totally Useless
- F - Somewhat Useful but Can and Should be Improved
- G - Should Not Have Been Used

D. INJURY INFORMATION *(Repeat this section for each person injured for each item D1 through D6. Enter as many responses as are required.)*

10 OCCUPATIONAL INJURY
21 OCCUPATIONAL SKIN DISEASE OR DISORDERS
22 DUST DISEASE OF THE LUNGS
23 RESPIRATORY CONDITION DUE TO TOXIC AGENTS
24 POISONING (SYSTEMIC EFFECTS OF TOXIC MATERIALS)
25 DISORDER DUE TO PHYSICAL AGENTS (NON-TOXIC)
26 DISORDER DUE TO REPEATED TRAUMA OR STRESS
29 ALL OTHER OCCUPATIONAL ILLNESSES

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E. CAUSAL FACTORS

Repeat this section for each person injured and for each piece of equipment damaged. Do not submit both on the same form. Enter as many occurrences of each causal factor type as are applicable to the specific person or equipment. When giving causal factors for personnel injury, give the social security number for the injured person being addressed. For equipment give the EIC, TEC, or NSN for the damaged equipment being addressed. Enter the letter from each list as applicable for items E-1 through E-9.

SSN of injured person being addressed:

1. Environmental cause factors: ☐
- | | | | |
|---|---------------|---|-----------------------|
| F | AIR QUALITY | V | RADIATION |
| R | CONTAMINATED | H | SEAS |
| | ATMOSPHERE | T | SWELL |
| J | CURRENT | A | TEMPERATURE |
| B | HUMIDITY | K | TIDES |
| Q | HURRICANE | E | VENTILATION |
| D | LIGHTING | U | VIBRATION |
| N | LIGHTNING | C | VISIBILITY |
| S | NOISE LEVEL | G | WIND |
| M | PRECIPITATION | Z | OTHER - SPECIFY _____ |

2. Personnel cause factors: Enter who were responsible for E-2, what they failed to do for E-3 and why there were failures for E-4. Note that any given person may have more than one failure and more than one reason.

E-2 Personnel		E-3 Personnel Failure		E-4 Failure Reason		Specify Other
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Is this the injured person?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
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E-2 Personnel error
(who was responsible)

E-3 Personnel error
(what did involved fail to do)

E-4 Personnel error
(why was there a failure)

- 17 INDEPENDENTLY ASSIGNED
- 13 MAINTENANCE WORKER
- 16 OFF-DUTY MILITARY
- 12 OPERATOR
- 18 OTHER NON-DoD PERSON
- 19 PUBLIC VISITOR
- 14 QUALITY ASSURANCE/CONTROL INSPECTOR
- 11 SUPERVISOR/FOREMAN
- 15 WATCHSTANDER
- 99 OTHER - SPECIFY _____

- 30 COORDINATE TASKS
- 21 CORRECTLY OPERATE CONTROLS/MONITOR DISPLAYS/EQUIPMENT
- 36 BE PRESENT WHEN SHOULD HAVE BEEN
- 35 FOLLOW OTHER STANDARD OPERATING PROCEDURE
- 33 INSPECT COMPLETED WORK
- 39 INTERFERED WITH ACTIVITY
- 37 LOCKOUT/TAGOUT SYSTEM DURING PMS
- 29 MATCH TASK TO PERSON'S ABILITY
- 22 PERFORM PMS/MAINTENANCE PROPERLY/COMPLETELY
- 28 PLAN ADEQUATELY
- 38 PROPERLY LOCKOUT/TAGOUT DURING PMS
- 40 PROVIDE TRAINING
- 31 PROVIDE WORK/REST CYCLE
- 23 RECOGNIZE HAZARDOUS SITUATION
- 32 SUPERVISE PROGRESS OF WORK
- 27 TAKE CORRECTIVE ACTION (TIME AVAILABLE)
- 24 USE PROPER CAUTION FOR KNOWN RISK
- 26 USE/PROPERLY USE PROPER TOOL/EQUIPMENT FOR JOB
- 25 USE PROTECTIVE EQUIPMENT
- 99 OTHER - SPECIFY _____

- 620 ALCOHOL USE/ABUSE/HANGOVER
- 710 DISRUPTED COMMUNICATIONS
- 411 DISTRACTED
- 640 DRUG ABUSE
- 630 DRUG USE
- 480 EMOTIONALLY AROUSED (ANGRY/WORRIED)
- 470 EXCESSIVE MOTIVATION
- 730 FAILURE TO DETECT WARNING
- 610 FATIGUE
- 450 HABIT
- 440 HASTE
- 650 ILLNESS
- 740 INADEQUATE COMMUNICATION STANDARDS
- 510 INADEQUATE KNOWLEDGE OF MEN/EQUIPMENT
- 940 INADEQUATE/UNAVAILABLE TOOLS/EQUIPMENT

- 820 INADEQUATE WORK SPACE
- 412 INATTENTIVE
- 520 INSUFFICIENT EXPERIENCE/SKILL/TRAINING
- 413 LACK OF ABILITY APART FROM TRAINING/EXPERIENCE
- 420 LACK OF CONCERN/INTEREST
- 720 MISUNDERSTANDING
- 410 NOT CONVENIENT/COMFORTABLE
- 460 OVERCONFIDENCE
- 830 PERSONNEL/EQUIPMENT INTERFERENCE
- 670 PHYSICAL CONDITION
- 660 PHYSICAL HANDICAP/IMPAIRMENT
- 850 POOR DESIGN/LOCATION OF CONTROLS/DISPLAYS
- 810 RESTRICTED VISION
- 414 TASK FIXATION
- 999 OTHER - SPECIFY _____

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3. Procedure cause factors: Enter procedure responsible for the mishap for E-5, what was wrong with the procedure for E-6 and why the procedure failed for E-7.

E-5 Faulty Procedure	E-6 What was Wrong with Procedure	E-7 Why Did Procedure Fail	Specify Other
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

E-5 Procedure factor
(Faulty procedure/method)

E INSTALLATION PROCEDURE
D MAINTENANCE PROCEDURE
A OPERATING PROCEDURE
B SAFETY PRECAUTION
C TEST PROCEDURE
Z OTHER - SPECIFY _____

E-6 Procedure factor
(What was wrong with procedure/method)

A INADEQUATE
B INCOMPLETE
C INCORRECT
D NON-EXISTENT
E NOT POSTED
Z OTHER - SPECIFY _____

E-7 Procedure factor
(Why did procedure/method fail)

01 CAUSED CONFUSION
02 CRITICAL STEPS OMITTED
04 DETAILS MISSING
06 FOLLOW-UP PROCEDURES MISSING
05 IMPRACTICABLE
07 NOT APPLICABLE
08 NOT IN PROPER SEQUENCE
09 NOT LOGICAL
03 PROCEDURES WRONG
10 REQUIRED MATERIAL/SAFETY EQUIPMENT NOT AVAILABLE
11 SAFETY PRECAUTION NOT LISTED
12 TOO DETAILED
13 TOO GENERALIZED
99 OTHER - SPECIFY _____

4. Equipment cause factors: (State the EIC/TEC/NSN/MFG and piece of equipment that caused mishap. Enter why the failure occurred for E-8 and how the equipment failed for E-9.)

E-8 Why Did Equipment Malfunction	E-9 How Did Equipment Malfunction to Cause Injury or Damage	EIC / TEC / NSN / MFG and piece of equipment
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

E-8 Equipment factor
(Why did equipment malfunction)

- 01 ADJUSTMENT IMPROPER
- 48 AGE
- 03 CANNIBALIZED
- 02 CLEARANCE IMPROPER
- 04 CONTAMINATED
- 47 CORROSION
- 05 DESIGN PROBLEM
- 06 DETERIORATED
- 08 EXCESSIVE VIBRATION
- 49 FOREIGN OBJECT
- 54 FUSE TOO LARGE
- 53 FUSE TOO SMALL
- 10 HUMIDITY
- 11 IMPROPER FIT
- 13 IMPROPER USE
- 14 INACCESSIBLE
- 59 INADEQUATE MAINTENANCE
- 60 INADEQUATE MANUFACTURE OF EQUIPMENT
- 24 INSUFFICIENT PMS
- 18 INSULATION INADEQUATE
- 16 INSTALLATION FAULTY
- 17 INTERFERENCE
- 19 JURY-RIGGED

- 20 LIMITS EXCEEDED
- 21 LOCATION FAULTY
- 50 LUBRICATION LOST
- 22 MANUFACTURER'S DEFECT
- 23 MISSING PART
- 25 NORMAL WEAR
- 26 NOT BALANCED
- 27 NOT CONNECTED
- 28 NOT CURRENT
- 29 NOT GROUNDED
- 30 NOT IAW MILSPEC
- 31 NOT IAW SYSCOM DIRECTIVES
- 33 NOT MARKED
- 35 NOT SHIELDED
- 36 NOT TESTED
- 37 OIL SATURATED
- 39 PACKING FAULTY
- 40 PART DEFECTIVE
- 55 PRESSURE TOO HIGH
- 56 PRESSURE TOO LOW
- 57 SIZE TOO LARGE
- 58 SIZE TOO SMALL
- 44 STOWAGE INADEQUATE
- 45 WATER (SATURATED)
- 99 OTHER - SPECIFY _____

E-9 Equipment factor
(How did equipment malfunction to cause injury or damage)

- 01 ARCED
- 02 BENT
- 03 BINDING
- 06 BUCKLED
- 07 BURNED
- 09 CHAFED
- 78 CHARRED
- 10 CLOGGED
- 69 CLOSED
- 11 CONTACTS - IMPROPERLY OPEN/CLOSE/REVERSE
- 12 CORRODED
- 13 CRACKED
- 16 DISCONNECTED
- 70 DROPPED
- 17 ELONGATED
- 18 ENCRUSTED
- 19 ERODED
- 21 EXPLODED
- 22 FAILED TO OPERATE
- 23 FLATTENED
- 79 FLOODED
- 24 FRAYED
- 25 FROZEN
- 71 FUSED
- 26 GLAZED
- 27 GROUNDED
- 28 HYDRAULIC LEAK
- 29 INTERMITTENT OPERATION
- 30 JAMMED
- 31 KINKED
- 32 LEAKING
- 33 LOOSE
- 81 MELTED
- 34 MISALIGNED
- 37 OIL SATURATED
- 38 OTHER NOT ELSEWHERE CODED
- 39 OVERHEATED
- 40 OVERLOAD
- 41 OVERSPED
- 42 OVERSTRESSED
- 43 PARTED/SEPARATED
- 44 PIERCED
- 45 PITTED
- 46 RADIATED
- 73 RELEASED
- 49 REQUIRES REWINDING
- 51 RUPTURED
- 52 RUSTED
- 53 SCALED
- 54 SCORED
- 55 SEIZED
- 56 SHEARED
- 57 SHORTED
- 74 SLIPPED
- 58 SPLIT
- 59 SPRUNG
- 75 STOPPED
- 60 STRESSED
- 61 STRIPPED
- 76 STRUCK
- 62 STUCK
- 63 TORN
- 77 TRIPPED
- 66 WARPED
- 68 WORN
- 72 OPENED

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F. EXPLANATION

1. Narrative: *Chain of events leading up to, through, and subsequent to mishap. Elaborate with remarks so that the who, what, where, when, and how of the mishap are known. Include time in months in the job, training completed, and experience in doing the task. Be specific as to locations within the activity ashore. If fire, give Class (A, B, C, or D), source, and how extinguished (water, FOG, CO₂, PKP, AFFF, Halon, protein foam, or other (specify)). Elaborate with remarks on any item. If electrical shock, state body entry and exit points. (Explain sufficiently to give a mental picture to reader.)*

2. Corrective action/lesson learned or recommendation: *List specific corrective action initiated and date.*

3. If chemical or toxic exposure, complete:

Product or material name: _____

Product NSN: _____

Ingredients: _____

Manufacturer's name: _____

MSDS number of product, if known: _____

G. ENDORSEMENTS

1. COMMANDING OFFICER: *(Optional)* Signature: _____ Date: _____

2. OSH Manager: *(Required)* Signature: _____ Date: _____

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APPENDIX Page for Item D.2., Nature of Injury or Illness

*Definitions of Ergonomic Injuries/Illnesses:

- #087 CARPAL TUNNEL SYNDROME** - pain, numbness, and tingling of the thumb, index, middle, and thumb side of the ring fingers due to compression of the median nerve of the hand and wrist in the tunnel through the carpal bones.

- #95 BURSITIS** - inflammation of a bursa, a sac of fluid found near a joint or over a bony prominence such as the shoulder, elbow or knee. The inflammation is attributed in some cases to excessive use of the joint or direct contact.

- #96 HAND-ARM VIBRATION SYNDROME (HAVS) WHITE FINGER/RAYNAUD'S SYNDROME** - constriction of the blood vessels caused by damage to small nerves in the hand as a result of prolonged exposure to vibration or cold.

- #97 TENDINITIS** - Inflammation of a tendon (connects muscle to bone), usually associated with repetitive, forceful exertions, often rotation around a joint, such as the wrist or elbow.

- #A1 THORACIC OUTLET SYNDROME (TOS)** - compression of the nerves, arteries, or veins at the shoulder/neck. It causes symptoms similar to carpal tunnel syndrome but usually affecting the little finger.

- #A2 UPPER EXTREMITY** - disorder of one of the pair of limbs (appendages) of the body used for grasping and manipulating, consisting of the shoulder, the arm, the forearm, the hand, the wrist and the fingers.